

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001300

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 11

FILED FEB 8 1962

1. PLACE OF DEATH a. COUNTY <u>Grundy</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Trenton</u> Length of stay in lb <u>1 mo.</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wright Memorial Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>mo</u> b. COUNTY <u>Grundy</u> c. CITY OR TOWN <u>Salt</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>Marian Loop</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>WILBER FULNERSON</u>		4. DATE OF DEATH Month Day Year <u>1-16-1962</u>	
5. SEX <u>m</u>	6. COLOR OR RACE <u>w</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-28-1892</u>
9. AGE (last birthday) <u>69</u>		IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer &amp; Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grundy Co mo</u>	
11. BIRTHPLACE (City and state or country) <u>USA</u>		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME <u>Theophilus Fulmer</u>		13b. MOTHER'S MAIDEN NAME <u>Phyllis Hudson</u>	
14. NAME OF HUSBAND OR WIFE <u>Maurine Fulmer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>World War I</u>		17. INFORMANT <u>mo Maurine Fulmer Salt mo</u> Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Vascular - Heart Disease</u> DUE TO (b) <u>1 year</u> DUE TO (c) <u>Interval between onset and death</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>Jan 1st 1961</u> to <u>Jan 16th 1962</u> and last saw him alive on <u>Jan 16th 1962</u> Death occurred at <u>2:45 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Olin A. Dwyer</u> (Degree or title)		22b. ADDRESS <u>Trenton mo</u> DATE <u>Jan 16th 1962</u>	
23a. BURIAL, CREMATION, REMOVAL: (Specify) <u>Burial</u>		23b. DATE <u>1-18-1962</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Edinburgh Woodlawn Cem.</u>		23d. LOCATION (City, town, or county) <u>Trenton mo</u> (State)	
24. FUNERAL DIRECTOR <u>Raymond Funeral Home</u> ADDRESS <u>Salt mo</u>		25. DATE RECD. BY LOCAL REG. <u>1-18-62</u>	
26. REGISTRAR'S SIGNATURE <u>Jane Fair</u>			

(Licensed Embalmer's Statement on Reverse Side)

7-11-62

FEB 20 1962

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed RA Payne Jr

Licensed Embalmer No. 3400

P. O. Address Galt

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.